2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033429

Entity Name: PSYCHOLOGY PRIDE COMPANY

FILED May 26, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5018 S UN DAVIE, FL	NIVERSITY DRI' . 33328	/E			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5018 S UN DAVIE, FL	NIVERSITY DRI' . 33328	/E			
FEI Number: 26-2352901		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	lame and Address of New Registered Agent:	
	HAL, AVRAHAN 68TH STREET 33166 US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () COHEN-ROSEN 5018 S UNIVER DAVIE, FL 3332	SITY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ROSENTHAL, A' 5018 S UNIVER DAVIE, FL 3332	SITY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA A COHEN-ROSENTHAL DR 05/26/2009